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| <b>Case Number:</b>   | CM14-0022582 |                              |            |
| <b>Date Assigned:</b> | 05/07/2014   | <b>Date of Injury:</b>       | 02/02/2013 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 01/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/21/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California, Oklahoma, Texas, and Tennessee. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old male injured on 02/02/13 due to undisclosed mechanism of injury. Current diagnoses included grade 1 anterolisthesis at L5-S1, bilateral L5 spondylolysis, HNP of lumbar spine/cervical spine/thoracic spine, and left shoulder arthralgia. Clinical note dated 11/22/13 indicated the injured worker reported left shoulder pain rated 6/10 following 17 sessions of chiropractic physiotherapy which allowed him to decrease his pain, sit, stand, and walk longer. The injured worker participated in ongoing home exercise program. The injured worker reported increased anxiety and depression following initial injury. The injured worker complained of low back pain rated 4-5/10 with numbness and tingling and burning into the left hand, thumb, and fifth digit. Physical examination revealed decreased cervical range of motion, tenderness to palpation of the lumbar spine, positive facet challenge to bilateral L4 through S1, decreased sensation in C7-8 dermatomes in the left arm, 5/5 muscle strength in bilateral upper extremities and lower extremities, normal reflexes in bilateral upper extremities and lower extremities, and negative straight leg raise bilaterally. Current list of medications was not provided for review. The initial request for LidoPro topical ointment four ounce #1 was initially non-certified on 01/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**LIDOPRO TOPICAL OINTMENT 4OZ #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidopro is noted to contain capsaicin, lidocaine, menthol, and methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for Lidopro Topical Ointment 4 oz #1 cannot be recommended as medically necessary.